



# DELAWARE HEALTH AND SOCIAL SERVICES

## Third Party Electronic Visit Verification (EVV) System Checklist

This checklist is intended to serve as a tool for providers who are using Third Party EVV systems to track the steps necessary to send required data to the AuthentiCare Aggregator.

	Item	Responsibility	Complete?	Date Completed
1	Complete the DMMA EVV Provider Survey	Provider Agency	<input type="checkbox"/>	
2	Send the AuthentiCare Aggregator Tool Kit	Fiserv	<input type="checkbox"/>	
3	Complete DMMA Third Party Attestation Form	Provider Agency	<input type="checkbox"/>	
4	Reach out to your Third Party EVV System Vendor to validate/confirm that the system will be able to aggregate to the ACR EVV AuthentiCare aggregation solution	Provider Agency and/or Third Party EVV Solution Vendor	<input type="checkbox"/>	
5	Choose Upload Mechanism: <ul style="list-style-type: none"> <li>• SFTP</li> <li>• Web Portal</li> <li>• Web Services Data Transfer/API</li> </ul>	Provider Agency	<input type="checkbox"/>	
6	If SFTP Chosen, Complete the Multi File Transfer (MFT) Questionnaire and Submit to Fiserv	Provider Agency	<input type="checkbox"/>	
7	Sign up for EVV Aggregator Training provided by Fiserv via Training Registration on the DMMA Website	Provider Agency	<input type="checkbox"/>	
8	Complete EVV Aggregator Training	Provider Agency and/or Third Party EVV Solution Vendor	<input type="checkbox"/>	
9	Testing environment user ID and password are created and emailed to provider agency post training for testing environment access	Fiserv	<input type="checkbox"/>	
10	As part of training, Fiserv will send provider agency the technical preparation checklist to set up the integration testing environment with Fiserv	Fiserv	<input type="checkbox"/>	



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	Item	Responsibility	Complete?	Date Completed
11	All providers must submit the technical preparation document provided during the training and data upload method via email to <a href="mailto:AuthenticareDESsupport@firstdata.com">AuthenticareDESsupport@firstdata.com</a> within 2 week of training completion	Provider Agency	<input type="checkbox"/>	
12	<p>Fiserv will review checklist and either:</p> <ul style="list-style-type: none"> <li>• Send back to agency to complete outstanding items</li> <li>OR</li> <li>• Validate as "complete"</li> </ul> <p>Fiserv technical contact will engage Third Party EVV System Vendors or providers as necessary in order to exchange credentials and complete setup and validate completion of connectivity for testing environment</p>	Fiserv	<input type="checkbox"/>	
13	If necessary, complete any outstanding checklist items and email back <a href="mailto:AuthenticareDESsupport@firstdata.com">AuthenticareDESsupport@firstdata.com</a> to re-test in the testing environment until everything is successful	Provider Agency	<input type="checkbox"/>	
14	<p>Upon completion of testing, provider agency will be granted production credentials</p> <p>If provider agency has connectivity issue in production environment, contact Fiserv @ <a href="mailto:AuthenticareDESsupport@firstdata.com">AuthenticareDESsupport@firstdata.com</a></p>	Fiserv	<input type="checkbox"/>	
15	Confirm the date of data exchange with provider agency	Fiserv	<input type="checkbox"/>	
16	Confirm the date of data exchange with Fiserv	Provider Agency	<input type="checkbox"/>	
17	<p>Confirm the data on production, if any data is absent or incorrect, work with Fiserv to troubleshoot issues</p> <p>Once successful data transmission is confirmed, email Fiserv @ <a href="mailto:AuthenticareDESsupport@firstdata.com">AuthenticareDESsupport@firstdata.com</a> to confirm successful transmission of data</p>	Provider Agency	<input type="checkbox"/>	



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	Item	Responsibility	Complete?	Date Completed
18	Fiserv to validate successful completion of the data exchange and integration of data	Fiserv	<input type="checkbox"/>	
19	Complete Third Party Vendor Change Form at least 45 days in advance if making a change in EVV vendor	Provider Agency	<input type="checkbox"/>	